



<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/027516-Conf. #3707
		Filing Date	December 21, 2001
		First Named Inventor	Sebastian BÖHM
		Examiner Name	L. Alexander
		Art Unit	1743
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	TGZ-001CRCE2	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>905.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

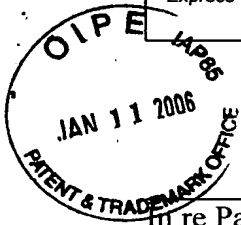
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 _____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00
2801 Request for continued examination (RCE) (see 37 ...)	395.00

<b>SUBMITTED BY</b>		Registration No.	Telephone
Signature		(Attorney/Agent) 38,220	(617) 227-7400
Name (Print/Type)	Anthony A. Laurentiano		Date January 11, 2006

Express Mail Label No. EV 682327493 US Dated: January 11, 2006



Docket No.: TGZ-001CRCE2  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Sebastian Böhm *et al.*

Application No.: 10/027516

Confirmation No.: 3707

Filed: December 21, 2001

Art Unit: 1743

For: MICROFLUIDIC SYSTEM INCLUDING A  
VIRUTAL WALL FLUID INTERFACE PORT  
FOR INTERFACING FLUIDS WITH THE  
MICROFLUIDIC SYSTEM

Examiner: L. Alexander

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as  
follows:

TGZ-001CRCE2

Please reference TGZ-001CRCE2 on all future correspondence.

Dated: January 11, 2006

Respectfully submitted,

By   
Anthony A. Laurentano  
Registration No. 38,220  
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400  
(617) 742-4214 (Fax)  
Attorney/Agent For Applicant